



# HEERA FAIR SHARE FEE RESCISSION PETITION

DO NOT WRITE IN THIS SPACE: Case No.:

Date Filed:

REQUIREMENTS:

1. A petition for rescission of an existing fair share fee provision must be filed with the appropriate PERB regional office and accompanied by at least 30 percent support of the employees in the unit covered by the fair share fee provision. (Government Code Section 3583.5(c) and PERB Regulations 51700 through 51720.) Petitions involving employees of the University of California must be filed with PERB’s San Francisco Regional Office, and petitions involving employees of the California State University must be filed with the Los Angeles Regional Office. (See addresses below.)
2. Each card or sheet of paper on which signatures of employees are obtained should state at the top that the undersigning employees are petitioning PERB to hold a secret ballot election to vote on rescission of the fair share fee provision implemented by the (name of employee organization) and the (higher education employer) covering employees in the (title) unit. Proof of support shall conform to the requirements of PERB Regulation 32700(b), (c), (e)(3), (f), and (g), and must have been obtained within one academic year (Regulation 51700 (c)).
3. The petition, excluding the proof of at least 30 percent support, must be served on the higher education employer and the exclusive representative. Proof of service, as defined in PERB Regulation 32140, shall be included with the petition.

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| <div>1. EMPLOYER (Name, address and telephone)</div> <div><div>( ) Ext. </div><div>Employer’s agent to be contacted:</div><div>Title:</div><div>Address and telephone, if different:</div><div><div>( ) Ext. </div></div></div> | <div>2.EXCLUSIVE REPRESENTATIVE (Name, address &amp; telephone)</div> <div><div>( ) Ext. </div><div>Agent to be contacted, if known:</div><div>Title:</div><div>Address and telephone, if different:</div><div><div>( ) Ext. </div></div></div> |
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3. TITLE OF ESTABLISHED UNIT:

4. APPROXIMATE NUMBER OF EMPLOYEES IN THE ESTABLISHED UNIT:

5. INFORMATION REGARDING CURRENT MEMORANDUM OF UNDERSTANDING (MOU), IF ANY:

MOU EFFECTIVE DATE: MOU EXPIRATION DATE:

ARTICLE OR SECTION NUMBER, IF ANY, OF THE FAIR SHARE FEE PROVISION:

6. AUTHORIZED AGENT OF GROUP OF EMPLOYEES FILING RESCISSION PETITION:

Name:

Address:

City: Zip: Telephone: ( ) Ext.

I declare that the statements herein are true to the best of my knowledge and belief and that this fair share fee rescission petition is accompanied by proof of at least 30 percent support of the employees in the established unit.

PETITIONER’S AUTHORIZED AGENT: (Signature)

Title (if any): Date:

Los Angeles Regional Office  
3530 Wilshire Blvd., Suite 1435  
Los Angeles, CA 90010-2334  
(213) 736-3127

San Francisco Regional Office  
1330 Broadway, Suite 1532  
Oakland, CA 94612-2514  
(510) 622-1016